Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-25-2010</u>	Address:	Harrison and Wabash St.
Case #:	<u>16-19740</u>		Kokomo, IN
County:	<u>Howard</u>		
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (o Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all th	at apply) /Ammonia Reaction(s): <u>Ditch</u>		
Red Phosphorous/Iodine Reaction(s):			
	ble Solvents:		
	eactive Metal (Lithium):		
	ous Ammonia:		
Hydrochloric Acid Gas Generator(s): <u>Ditch</u>			
	ve Acid: Ditch		
⊠ Corrosiv	ve Base: <u>Ditch</u>		
Other (it	em and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☑ Other: <u>KPD</u>	
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Fire Department: Kokomo FD Health Department: Howard Co HD Fax: 765-456-75 Fax: 765-456-22 Fax:			
			6-2292
Child Protec	tion Service: N/A		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.D. Fisher Phone 800-382-0689			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.